

NOV 16 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Chariton
 Township Brunswick
 City Brunswick

Registration District No. 169Primary Registration District No. 4098File No. 37404Registered No. 34

St. _____ Ward _____

2. FULL NAME Howard Agge Jr.

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-14-1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
7 10 0 _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at School
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick, Mo.13. NAME Howard Agge14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton, Mo.15. MAIDEN NAME Vernice Davis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick, Mo.17. INFORMANT (ADDRESS) Howard Agge
St Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Brunswick DATE Oct 4, 193719. UNDERTAKER (ADDRESS) L. W. McNeal
Brunswick, Mo.20. FILED Oct 3, 1937 Harry E. Tatum
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 193722. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1937, to Oct 2, 1937I last saw him alive on Oct 2, 1937. Death is saidto have occurred on the date stated above, at 2 P. m.

The principal cause of death and related causes of importance were as follows:

Erysipelas - in
head - or scalp - caused
by picking a thorn
from forehead -
194 B1

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Harry E. Tatum M. D.(Address) Brunswick, Mo.

